

**MULTIPLE DEPENDENT CLAIM SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-070864

FILING DATE

APPLICANT(S)

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							
2		1		1			
3							
4		2		1			
5		0		1			
6		0		1			
7		0		1			
8		0		1			
9		0		1			
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48							
49							
50							
TOTAL IND.		1		1			
TOTAL DEP.		12		1			
TOTAL CLAIMS		13		2			
51							
52							
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57							
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TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY